Name in Full: Mary Ahearn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death: 1904 May 9th; Age: 62 Years; Months; Days

Sex: Female; Color or Race: White; Birthplace: Ireland

Occupation: None; Where Residing if not at place of death: 1807 N. Dallas Av Baltimore Md

Married, Single or Widowed: Widow; Name of Wife or Husband:

Father's Name: ; Father's Birthplace: Ireland

Mother's Maiden Name: ; Mother's Birthplace: "

Name of person giving information: Recds Mt Hope Retreat; How related to deceased: not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia; How long:

Immediate: Ex. Cerebral Softening; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank J. Mowery

Address: Mt Hope Retreat Baltimore Co Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Nannie Warner Airey

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Mt Vernon (County): Baltimore

Date of death: Month: May Day: 19 Year: 1904 Age: Years 51 Months — Days —

Sex: Female Color or Race: White Birthplace: Va

Occupation: House duties Where Residing if not at place of death: at Place of death

Married, Single or Widowed: Married Name of Wife or Husband: W. H. Airey

Father's Name: Austin Stone Father's Birthplace: Va

Mother's Maiden Name: Doris Bruce Mother's Birthplace: Va

Name of person giving information: Harry Airey How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Morphine habit. How long: 1 month

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. A. Fragin

Address: 1655 N. Fulton ave City

Accident or Suicide? No

LIBRARY BUREAU FORM 19

Tickner & Sons

London Park

Name in Full: Townsend P. Allen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North Branch; County: Baltimore

Date of death 1904: Month: 5; Day: 27; Age: Years: 63; Months: 7; Days:

Sex: Male; Color or Race: white; Birthplace: Baltimore

Occupation: farmer; Where Residing if not at place of death: —

Married, Single or Widowed: single; Name or Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Philip Allen Dec.; Father's Birthplace: Baltimore

Mother's Maiden Name: Charity Parrish Dec; Mother's Birthplace: "

Name of person giving Information: John Allen; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 6 days

Immediate: Heart Failure; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. S. Bolton

Address: Harrisonville

Accident or Suicide?

LIBRARY BUREAU A08316

Name in Full

Certificate of Death

Mrs Elizabeth Buchanan Allison

Died at Town Phoenix County Balto MARYLAND

Date 1904 Month May Day 11 | Age Y. 61 M. D. | Native of Md | Occupation —

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

~~Husband~~ Wife of Richard H Allison

Father's Name John Philpot Mother's Maiden Name Rebecca Elmore

Cause of Death: Primary Pneumonia — How long sick 3 days

Immediate Pneumonia

Accident, Suicide, Homicide

Reported by Dr R. H. Benson

Address Cockeysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79808

Interview St James
Saturday May 14th

M. 6 B

Name in Full: Amos

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto. Co.

Date of death 1904: Month: May; Day: 28; Age: Years / Months / Days

Sex: Male; Color or Race: White; Birthplace: 217 Leaverton Ave.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Harry Amos; Father's Birthplace: Hanford Co.

Mother's Maiden Name: Mary E. Cooper S.; Mother's Birthplace: Talbot Co.

Name of person giving information: Harry Amos.; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth; How long: —

Immediate: Premature Birth; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Geo. Heller M.D.

Address: 1937 Gough St. Balto. Md

Accident or Suicide? —

LIBRARY BUREAU A88318

Mt Carmel Cemetery

- Jordan -

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkton; County: Balt

Date of death: Month: 6 Day: 14 Year: 1904 Age: Years — Months — Days —

Sex: Male Color or Race: White Birthplace: Parkton

Occupation: — Where Residing if not at place of death: Parkton Md

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Thomas Armacost Father's Birthplace: Md

Mother's Maiden Name: Ella Miller Mother's Birthplace: Md

Name of person giving information: Father Thos. Armacost How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: asthenia How long: —

Immediate: — — — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. R. Harris

Address: Parkton Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A43516

Name in Full: Robert Elsworth Ayers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sherwood; County: Balto.

Date of death: 1904; Month: May; Day: 29; Age: Years: 7; Months; Days

Sex: Male; Color or Race: Colored; Birthplace

Occupation; Where Residing if not at place of death

Married, Single or Widowed; Name of Wife or Husband

Father's Name: John Ayers; Father's Birthplace

Mother's Maiden Name: Matilda Ayers; Mother's Birthplace: Balto Co.

Name of person giving Information: Edward Burke; How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemorrhage; How long: 2 days

Immediate: Epistaxis; How long: 2 "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. T. Burford M.D.

Address: Ridgely Md

Accident or Suicide?

LIBRARY BUREAU A83819

Blair Mrs O C

Mt Zion Cemetery Long Green

Name in Full: Louis Trecker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Agnes' Hospital — County: Balto

Date of death	Month	Day	Age: Years	Months	Days
1904	May	18	30		

Sex: Male — Color or Race: White — Birthplace: Baltimore, Md

Occupation: Laborer — Where Residing if not at place of death: 2008 Maricopa St

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long:

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. Ward

Address: St. Agnes Hospital Ha. & Bolt Md.

Accident or Suicide?

LIBRARY BUREAU A8SD16

Name in Full: Howard E. Bell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Owings Mills; County: Baltimore

Date of death: Month: July; Day: 26; Year: 1964

Age: Years: ; Months: 14; Days: 2

Sex: Male

Color or Race: White

Birthplace: Balto Co Md

Occupation:

Where Residing if not at place of death: near Owings Mills

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John F. Bell

Father's Birthplace: Balto. Co. Md

Mother's Maiden Name: Laura V. Phillips

Mother's Birthplace: Carroll Co. Md

Name of person giving Information: John F. Bell

How related to deceased: Father

CAUSES OF DEATH

Primary:

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A588618

Name in Full: John Billingslea

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: White Hall — County: Baltimore

Date of death 1904: Month: May — Day: 2 — Years: Age 66 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Louisa Billingslea

Father's Name: Eli Billingslea — Father's Birthplace: Dont Know

Mother's Maiden Name: Eliza Billingslea — Mother's Birthplace: Dont Know

Name of person giving information: William Coombs — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer — How long: 4 Months

Immediate: " — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F J Turner

Address: White Hall

Accident or Suicide? No

LIBRARY BUREAU A88515

Name in Full: Mary L. Bockstage

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Baltimore

Date of death 1904: Month: May; Day: 8th; Age: Years: 1; Months: 1; Days:

Sex: Female; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: single; Occupation: none

Name of Wife or Husband:

Father's Name: James Bockstage; Father's Birthplace: Md

Mother's Maiden Name: Mary Zeller; Mother's Birthplace: Md

Name of person giving information: James Bockstage; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia; How long: 12 days

Immediate: Exhaustion; How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? 1/20

Signature of Physician: David W. Jones

Address: 3116 O'Donnell st.

Accident or Suicide?

LIBRARY BUREAU A58818

Germanus France

May 9th 1904

Sacred Heart Cemetery.

Name in Full: Wm. A. Bolte

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fairview — County: Beth

Date of death 1904: Month: 5 — Day: 27 — Age: Years: 41 — Months: — Days:

Sex: Male — Color or Race: white — Birthplace: Md

Married, Single or Widowed: married — Occupation: Painter

Name of Wife or Husband: Dorothy E. Hardesty

Father's Name: Geo C. Bolte — Father's Birthplace: Md

Mother's Maiden Name: Caroline Hundsnurk — Mother's Birthplace: Md

Name of person giving information: Wife Mrs Bolte — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stomach Trouble — How long: Year or 20

Immediate: Paralysis & Effusion on Brain — How long: week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos H Urban

Address: Smithsburg Md

Accident or Suicide?

LIBRARY BUREAU A88316

D. Bellason

Name in Full: Bridget Brady

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Spanish Point | County: Baltimore

Date of death	Month	Day	Years	Months	Days
1904	May	21st	Age about	70 years	

TO BE ANSWERED BY NEAREST FRIEND

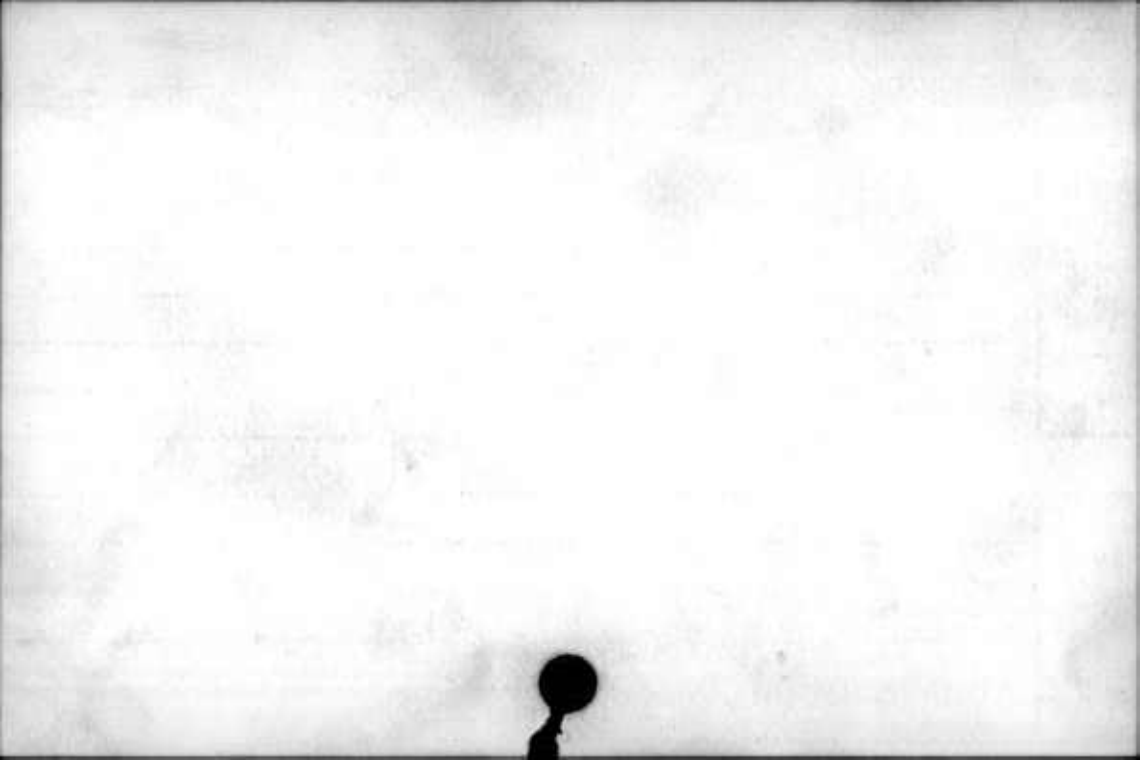
Sex: Female	Color or Race: White	Birthplace: Ireland	
Occupation: Housework	Where Residing if not at place of death: Spanish Point		
Married, Single or Widowed: Widow	Name of Wife or Husband: Patrick Brady		
Father's Name: Henry McNichols		Father's Birthplace: Ireland	
Mother's Maiden Name: Sarah Duffey		Mother's Birthplace: Ireland	
Name of person giving Imformation: James McNicholas		How related to deceased: Nephew	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Bronchitis		How long: 4 or 5 mo.
Immediate: Exhaustion		How long:
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: G. O'Mc Cormick M.D.	
	Address: Spanish Point Md	
Accident or Suicide? No		

LIBRARY BUREAU A66616



Name in Full: Harriet Browhon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St Denis — County: Balto Co

Date of death 1904: Month: May — Day: 31 — Age: Years 53 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Married — Occupation: House Wife

Name of Husband: Wm Browhon

Father's Name: John P Wood — Father's Birthplace: Germany

Mother's Maiden Name: Mary Sheldon — Mother's Birthplace: Baltimore

Name of person giving information: Ida Barker — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tetanus — How long: 6 days

Immediate: Tetanus — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arthur Williams

Address: 2 E Ridge - Street

Accident or Suicide? no

Colored

PHYSICIAN OR CORONER

LIBRARY BUREAU A83816

Name in Full: Annie Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clarksville. County: Balto

Date of death: Month: May Day: 20 Year:

Age: 30 Months: Days:

Sex: Female

Color or Race: White

Birthplace: Md.

Married, Single or Widowed: Married

Occupation: None

Name of Wife or Husband: James Brown

Father's Name: X

Father's Birthplace: X

Mother's Maiden Name: X

Mother's Birthplace: X

Name of person giving information: X

How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentery

How long: 1 yr.

Immediate: Chronic Interstitial Nephritis

How long: 6 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Z Hall

Address: Clarksville.

Accident or Suicide? No

LIBRARY BUREAU A88316

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Town ~~221~~ Eastern Ave Ext. County Balto.

Date of death 1904 Month 5 Day 30 Age Years — Months 6 Days 14

Sex M. Color or Race W. Birthplace 221 Eastern Ave

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name John Brownley S Father's Birthplace Balto.

Mother's Maiden Name Viola Arnett Mother's Birthplace Kentucky

Name of person giving information M. Arnett How related to deceased —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Still Born How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician D. A. Glantz M.D.

Address 41 Eastern ave Ext

Accident or Suicide? —

LIBRARY BUREAU ARBSTR

H Landon Bowe

New Methodist Cemetery

Name in Full: Sarah Francis Bruehl.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Govanstown County: Baltimore

Date of death: 1904 Month: May Day: 10 Age: Years 60 Months Days

Sex: Female Color or Race: White Birthplace: Baltimore

Occupation: Housewife Where Residing if not at place of death: Govanstown

Married, Single or Widowed: Widowed Name of Wife or Husband: William H Bruehl

Father's Name: F. G. Keltiner Father's Birthplace: Germany

Mother's Maiden Name: Not Known Mother's Birthplace: —

Name of person giving information: C E Teale How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: acute Pneumonia followed by acute Indigestion How long: 3-4-6 hours

Immediate: Exhaustion How long: 20 minutes

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: H. O. Hoeschen M.D.

Address: STATION H, (GOVANS), BALTIMORE, MD.

Accident or Suicide?

LIBRARY BUREAU A88516

Reto Cemetery

Name in Full: Claud Brooke Brunner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towsontown County: Balto

Date of death: Month: May Day: 9th Year: 1904 Age: Years: — Months: 1 Days:

Sex: Male Color or Race: Wht Birthplace: Woodberry

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Claud Brunner Father's Birthplace: Balto

Mother's Maiden Name: Kate Brunner Mother's Birthplace: Towsontown

Name of person giving information: Hans Pohlson How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough. How long: 2 weeks

Immediate: Bronchial Pneumonia How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. G. Symmh

Address: Towsontown

Accident or Suicide? —

Name in Full Washington Buckman

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Garrison Forest (County) Baltimore

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month May	Day 20	Age Years 76	Months	Days
Sex Male	Color or Race White			Birthplace Baltimore Co Md	
Occupation Black smith	Where Residing if not at place of death Garrison Forest				
Married, Single or Widowed Married	Name of Wife or Husband Sonia Buckman				
Father's Name Jessie Buckman				Father's Birthplace Penna	
Mother's Maiden Name Susan Burman				Mother's Birthplace Baltimore Co Md	
Name of person giving Information Sonia Buckman				How related to deceased wife	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Kidney Disease — How long 3 or 4 year

Immediate Cancer of Stomach — How long one year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm H Campbell M. D.

Address Owings Mills Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Morris Burgess

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto

Date of death 1904 — Month: May — Day: 5th — Age: Years 2, Months 5, Days

Sex: male — Color or Race: Colored — Birthplace: Howard County Md.

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: John Burgess — Father's Birthplace: Howard Co. Md.

Mother's Maiden Name: Mary Stewart — Mother's Birthplace: Howard Co. Md.

Name of person giving information: John Burgess — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Malnutrition — How long: 3 months

Immediate: Marasmus — How long: two weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Rushmore White M.D.

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Justina Busch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Baltimore

Date of death 1904: Month: May — Day: 20 — Age: Years: 36 — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: None

TO BE ANSWERED BY NEAREST FRIEND

Name of ~~Wife or~~ Husband: Anton Busch

Father's Name: Hippolitus Dietz — Father's Birthplace: Germany

Mother's Maiden Name: Augusta Stock — Mother's Birthplace: Germany

Name of person giving information: Augusta Dietz — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Natural Causes — How long:

Immediate: " " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Coroner John G Mueller

Address: 210 O'Donnell St

Accident or Suicide?

LIBRARY BUREAU A66516

Sacred Heart Cemetery

May 23rd 1904

Germanus France

Undertaker

Name in Full: Jno. H. Camper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Balto. Co.

Date of death: 1904 Month: May Day: 16

Age: 45 yrs Months: — Days: —

Sex: Male Color or Race: Colored Birthplace: Md

Occupation: Teacher Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Mary A Camper

Father's Name: Don't Know Father's Birthplace: —

Mother's Maiden Name: Don't Know Mother's Birthplace: —

Name of person giving information: Mary Camper How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: six wks

Immediate: Gangrene How long: Three wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Caulfoott

Address: 354 N. Biddle St

Accident or Suicide?

LIBRARY BUREAU A38616

Name in Full: Margaret Chenworth

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Baynesville — County: Balto.

Date of death 1904 — Month: May — Day: 15 — Age — Years: 28 — Months: 10 — Days: 2

Sex: Female — Color or Race: white — Birth-Place: Balto.

Occupation: Housewife — Where Residing if not at place of death: Baynesville

Married, Single or Widowed: Married — Name of Wife or Husband: Andrew J. Chenworth

Father's Name: Geo. Tabeud — Father's Birthplace: Balto.

Mother's Maiden Name: Mary C. Vendeventer — Mother's Birthplace: Balto.

Name of person giving information: Andrew Chenworth — How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Thrombosis — How long: 2 hours

Immediate: Hemorrhage — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Boyston Hall M.D.

Address: Towson Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU SCHOOL

John Burns Sons

Providence Cem.

Bell's

Co.

Name in Full: Rosa Cole

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto

Date of death 1904	Month	Day	Years	Months	Days
	May	1	Age 25	-	-

Sex | Color or Race: White | Birthplace: Md

Married, ~~Single~~ or Widowed | Occupation

Name of Wife or Husband: William Cole

Father's Name: Herman Faye | Father's Birthplace: Germany

Mother's Maiden Name: Mary Hoffman | Mother's Birthplace: Germany

Name of person giving Information: Herman Faye | How related to deceased

(27)

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis | How long: about 1 year

Immediate: Exhaustion from Pulmonary Tuberculosis | How long: a few days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Rushmore White M.D.

Address: Catonsville Md.

Accident or Suicide?

8

LIBRARY BUREAU A69510

Name in Full: Mr. Henry Irwin Coleman.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore City. County: —

Date of death: 1904 Month: May. Day: 15th

Age: Years: 50 Months: Five Days: 15

Sex: male Color or Race: White Birthplace: Baltimore

Occupation: Teamster Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: George Irwin Coleman. Father's Birthplace: Phila. Pa.

Mother's Maiden Name: Miss Alice Black. Mother's Birthplace: Phila. Pa.

Name of person giving In formation: Mr. Charles Coleman How related to deceased: Brother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Kicked by a horse How long: 38 hrs. ago

Immediate: Hemorrhage How long: ½ hr.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: P. B. Smith.

Address: #629 W. Lombard St. Baltimore, Md.

Accident or Suicide? accident

LIBRARY BUREAU A88618

Name in Full: Mary Collet

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Randallstown — County: Balto

Date of death 1904 — Month: 3 — Day: 20 — Age — Years: 1 — Months: 8 — Days:

Sex: female — Color or Race: white — Birthplace: Baltimore

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name or Wife or Husband

Father's Name: Thos Collet. — Father's Birthplace

Mother's Maiden Name: Mollie Gunder — Mother's Birthplace

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Whooping Cough — How long: Two weeks

Immediate: Convulsions — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. J. Hobbs

Address: Randallstown

Balto Co

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: Charles Edward Covey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown. County: Balto.

Date of death: 1904 Month: 5 Day: 19.

Age: Years: 19 Months: — Days: 19.

Sex: Male. Color or Race: White. Birthplace: Balto. Md.

Occupation: Laborer. Where Residing if not at place of death: 1223 Third St.

Married, Single or Widowed: Single. Name of Wife or Husband: —

Father's Name: Abe Covey. Father's Birthplace: Md.

Mother's Maiden Name: Fuller. Mother's Birthplace: Md.

Name of person giving information: Hester Covey. How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: acute Phthisis. How long: 5 Mos.

Immediate: Exhaustion. How long: 48 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas. L. Smarden M.D.

Address: 3 and Gough Highlandtown.

Accident or Suicide? No

LIBRARY BUREAU A88918

Mr. C Brooks
Philadelphia
Balto Co Md
to Phoenix Md.
May 24 04

Name in Full

Certificate of Death

Joseph Copenhaver

Died at (Ward) Balto Co. (County) Almshouse MARYLAND

Date 1904 (Month) May (Day) 11 Age (Y.) 76 (M.) (D.) Native of Germany Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced / Number of children living

Husband of Wife

Father's Name — Mother's Maiden Name

Cause of Death: Primary Pneumonia — How long sick 2 days

Immediate Pulmonary Hemorrhage — Accident, Suicide, Homicide

Reported by D. Pleb. C. Bosley

Address Sparrows Point Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full: Jacob Crist

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville — County: Balto

Date of death: Month: 1904 May — Day: 30 — Age: Years: 84 — Months: 9 — Days: 23

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Retired. — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Wilhelmina Christ

Father's Name: Philip Christ — Father's Birthplace: Germany

Mother's Maiden Name: Charlotte — Mother's Birthplace: "

Name of person giving Information: Jno P New. — How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: 3 years

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Charles L Mattfeldt

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A65516

Name in Full: Sister De Paul Crowley

CERTIFICATE OF DEATH

Died at: Town: St. Agnes Hospital; County: Baltimore; MARYLAND

Date of death	Month	Day	Age	Years	Months	Days
1904.	May	31		32		

Sex: Female | Color or Race: White | Birthplace: Columbus, Ohio

Occupation: Religious | Where Residing If not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving information: | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritoneum Tuberculosis | How long: 2 years

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: T. M. Keown M. D.

Address: 1938 Linden Ave, City.

Accident or Suicide?

Per Sr. J.

LIBRARY BUREAU A88516

MARTIN FAHEY & SONS,

Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

Name in Full: Anna Haehnke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Morrell Park. County: Baltimore County

Date of death 1904: Month: May. Day: 5th. Age: Years: 76. Months: 4. Days: 16.

Sex: Female. Color or Race: White. Birthplace: Germany.

Married, Single or Widowed: Widow. Occupation: None.

Name of Wife or Husband: William Haehnke

Father's Name: Henry Rosens. Father's Birthplace: Germany.

Mother's Maiden Name: Unknown. Mother's Birthplace: " "

Name of person giving information: William Haehnke. How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age. How long: ✓

Immediate: Heart Disease. How long: 14 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. B. M. Kieffer M.D.

Address: Morrell Park. Baltimore Md.

Accident or Sulcide? ✓

LIBRARY BUREAU A86516

Name in Full: James Daily

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Aronington; County: Baltimore

Date of death 1904: Month: May; Day: May 11th; Age: Years: 5; Months: —; Days: —

Sex: male; Color or Race: White; Birthplace: Ireland

Occupation:

Single

Name of Wife or Husband: —

Father's Name: unknown; Father's Birthplace: Ireland

Mother's Maiden Name: unknown; Mother's Birthplace: Ireland

Name of person giving information: Brother Isador; How related to deceased: no relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Tuberculosis; How long: about 3 months

Immediate: Heart Failure; How long: Showed weakness last 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Bros Hollydayhd

Address: 714 Frederick ave

Accident or Suicide? —

LIBRARY BUREAU A69516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Sarah E. Dammyer

Died at: Town: Ashland — County: Baltimore

Date of death 1904: Month: 5 — Day: 21 — Age: Years: 35 — Months: — — Days: 22

Sex: female — Color or Race: white — Birthplace: md.

Occupation: House Wife — Where Residing if not at place of death: at Place of Death

Married, Single or Widowed: married — Husband: Frederick W. Dammyer

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: Merenda Stiffler — Mother's Birthplace: md.

Name of person giving information: Fred. W. Dammyer — How related to deceased: Husban

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: about 5 months

Immediate: — How long: —

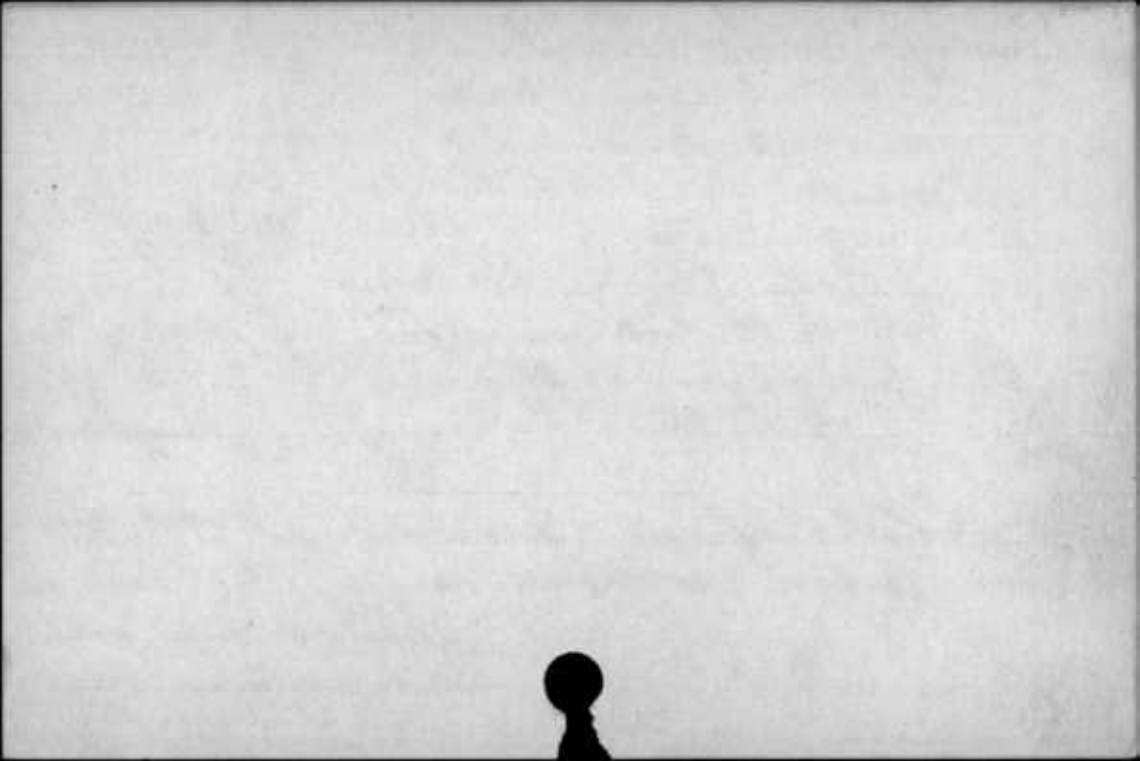
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. F. Burney M.D.

Address: Ellicott City Md.

Accident or Suicide?

LIBRARY BUREAU



Name in Full: Susan Davis

CERTIFICATE OF DEATH

Penna. MARYLAND

Died in: Stiltz — York

Date of death 1904: May 5 — Day 30 — Age: Years 90 — Months 3 — Days 2

Sex: Female — Color or Race: White. — Birthplace: 6th Dist. Balto. Co.

Occupation: Retired — Where Residing if not at place of death: Jeremiah Smith

Married or Widowed — Name of Husband: Miles Davis.

Father's Name: David Rinehart — Father's Birthplace: Manheim Twp

Mother's Maiden Name: ~~Mary~~ Mary. Stone — Mother's Birthplace: Virginia

Name of person giving information: Jeremiah Smith — How related to deceased: great Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: about 6 years

Immediate: — How long: 6 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Albaugh.

Address: Glen Rock R. F. D. #1.

Accident or Suicide?

LIBRARY BUREAU A6831S

Name in Full: Elizabeth Debus.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Arlington County: Balto

Date of death 1904: Month: May Day: 5

Age: Years: 39 Months: May Days: 22

Sex: Female Color or Race: White Birthplace: Ewing Mills

Married, Single or Widowed: Married Occupation: House wife.

Name of Wife or Husband: John Henry Debus

Father's Name: Joseph H Benanazor Father's Birthplace: Balto Co.

Mother's Maiden Name: Julia Anna Ritter. Mother's Birthplace: " "

Name of person giving information: John Henry Debus How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholelithiasis (Gall Stones) How long: Periodic attacks for 10 years.

Immediate: Rupture of Gall bladder & Hemorrhage How long: 6 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J Wilcox MD.

Address: Arlington Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A86516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Hannah E Devese

Died at (Town): Dickeyville (County): Balto

Date of death (Month, Day, Year): May 10 1904

Age: Years 58 Months 5 Days 10

Sex: Female

Color or Race: White

Birthplace: Balto

Occupation: Housewife

Where Residing if not at place of death: Dickeyville

Married, Single or Widowed: Married

Name of husband or wife: Thomas Devese

Father's Name: Wm Emmart

Father's Birthplace: Md

Mother's Maiden Name: Elizabeth

Mother's Birthplace: Md

Name of person giving information: Charles Sherline

How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Stenosis

How long: five years

Immediate: Syncope

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A C Shrink

Address: Pawlatan

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Mabel Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Calvert — County: Balt

Date of death: 1904 — Month: May — Day: 13 — Age: Years — Months: [redacted] — Days: 22

Sex: Female — Color or Race: Col'd — Birthplace: Calvert

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Andrew Dorsey — Father's Birthplace: Howard Co

Mother's Maiden Name: Mabel Lincoln — Mother's Birthplace: " "

Name of person giving Information: " " — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: a week

Immediate: — — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr C J Mattfeldt

Address: Calvert Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Alice Doyle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Franklintown; County: Balto

Date of death: 1907; Month: May; Day: 16; Years: Age 70; Months; Days

Sex: Female; Color or Race: White; Birthplace: Ireland

Occupation: Housework; Where Residing if not at place of death:

Married, Single or Widowed; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Doyle; Father's Birthplace: Ireland

Mother's Maiden Name: Mary Cassidy; Mother's Birthplace: "

Name of person giving information: Matthew Cadogan; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age; How long: —

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. L. Mattfeldt

Address: Health Officer, Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: John L. Doyle

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fork — County: Baltimore

Date of death: Month: May — Day: 15 — 1904

Age: Years: 1 — Months: — Days: —

Sex: Male — Color or Race: white — Birthplace: Kingsville

Occupation: — Where Residing if not at place of death: —

Married or Widowed: — Single or Widowed: — Name of Wife or Husband: —

Father's Name: Peter Doyle — Father's Birthplace: Fork Md.

Mother's Maiden Name: Mary E. Cromer — Mother's Birthplace: —

Name of person giving Information: Mary E Doyle — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 weeks

Immediate: Pneumonia & Typhoid fever — How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. H. Gorsuch

Address: Fork Md.

Accident or Suicide? —

LIBRARY BUREAU A88818

Name in Full: Mrs Potter Duncan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Roland Park — County: Baltimore

Date of death: Month: May — Day: 8th — 1904 — Age: 63 — Months: 10 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Pennsylvania

Occupation: Banker — Where Residing if not at place of death: Philadelphia Pa.

Married, Single or Widowed: Married — Name of Wife or Husband: Lena W. Duncan.

Father's Name: Alex Perry Duncan — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Susan W. Potter. — Mother's Birthplace: Pennsylvania

Name of person giving Imformation: Mrs Lena W. Dunc — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Dilatation. Mitral Regurg — How long: Indefinite

Immediate: Pulmonary Oedema. — How long: 6 Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R B Norment M.D.

Address: 3543 Chestnut Ave Baltimore Md.

Accident or Suicide? No

LIBRARY BUREAU A69016

A S Marshall
May - 1904
Phila Philipsburg
Centre Co
Pa
U C Ry

Name in Full: Infant Son of Lena Sumner

CERTIFICATE OF DEATH

MARYLAND

Died at: Fullerton (Town) Balto (County)

Date of death: 1904 May 22 (Month / Day)

Age: Years / Months / Days

Sex: male

Color or Race: white

Birthplace: Fullerton

Occupation: none

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Geo Sumner

Father's Birthplace:

Mother's Maiden Name: Lena Sumner Co.

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Dead born

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm D Lord

Address: Gardenville Md

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: George Elliott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Balto

Date of death: 1904 — Month: 5 — Day: 1 — Years: Age 45 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Flagman. — Where Residing If not at place of death: 1202 Fifth.

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: George Elliott — Father's Birthplace: Md.

Mother's Maiden Name: Martha Akers — Mother's Birthplace: Md.

Name of person giving Information: John Elliott — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia. — How long: 2 weeks.

Immediate: Exhaustion. — How long: 24 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Truax, M.D.

Address: 3 and Gough. Highlandtown.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Name in Full: Theresa M. Ertel

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highlandtown — County: Balto

Date of death 1904 — Month: 5 — Day: 17 — Age — Years: — Months: 6 — Days: —

Sex: Female — Color or Race: White — Birthplace: Balto Co.

Occupation: none — Where Residing if not at place of death: 422 Eastern Ave Ex

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Aug. Ertel — Father's Birthplace: Md.

Mother's Maiden Name: Julia Schroff — Mother's Birthplace: "

Name of person giving information: John A. Ertel — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Erysipelas — How long: 21 days

Immediate: Acute Nephritis — How long: 20 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. C. Wadesmd

Address: 121 Jackson Place

Accident or Suicide? —

LIBRARY BUREAU ABBOTS

St Alphonsus Seem.

J Herwig & Son

2008 Elysian St

June 19/04

Name in Full: Charles Falls

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Baltimore

Date of death 1904: Month: May — Day: 13th — Age: Years: 39 — Months: 6 — Days: 5

Sex: Male — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: Married — Occupation: Watchman

Name of Wife ~~or Husband~~: Anna Poetzel

Father's Name: John Falk — Father's Birthplace: Germany

Mother's Maiden Name: Catherine Faubel — Mother's Birthplace: Germany

Name of person giving information: Anna Falk — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 3 days

Immediate: Hemiplegia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. C. Chatfield

Address: 1400 Fish St.

~~Accident or Suicide?~~

LIBRARY BUREAU A88016

Name in Full: Sarah Feast

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Towson; County: Baltimore

Date of death: 1904 Month: May Day: 3 Age: Years: 70 Months: 9 Days: 16

Sex: Female Color or Race: White Birthplace: Balto city and

Occupation: none Where Residing if not at place of death: Towson Md.

Married, Single or Widowed: Widow Name of Wife or Husband: Samuel Feast Sr

Father's Name: James Neely Father's Birthplace: unknown

Mother's Maiden Name: Jane Gillis Mother's Birthplace: "

Name of person giving In formation: Nannie Feast How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Physical Exhaustion How long: many months

Immediate: Cardiac degression How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R C Mascenburg

Address: Towson Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Frank B Pencile

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown (Town) — Balto (County)

Date of death: Month: May — Day: 25th — 1904

Age: Years — Months — Days: /

Sex: Male

Color or Race: White

Birthplace: Highlandtown

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband:

Father's Name: Frank B Pencile

Father's Birthplace: Penna.

Mother's Maiden Name: Lula Derrick

Mother's Birthplace: Penna

Name of person giving Information: F B Pencile

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature — How long

Immediate — How long

PHYSICIAN OR CORONER

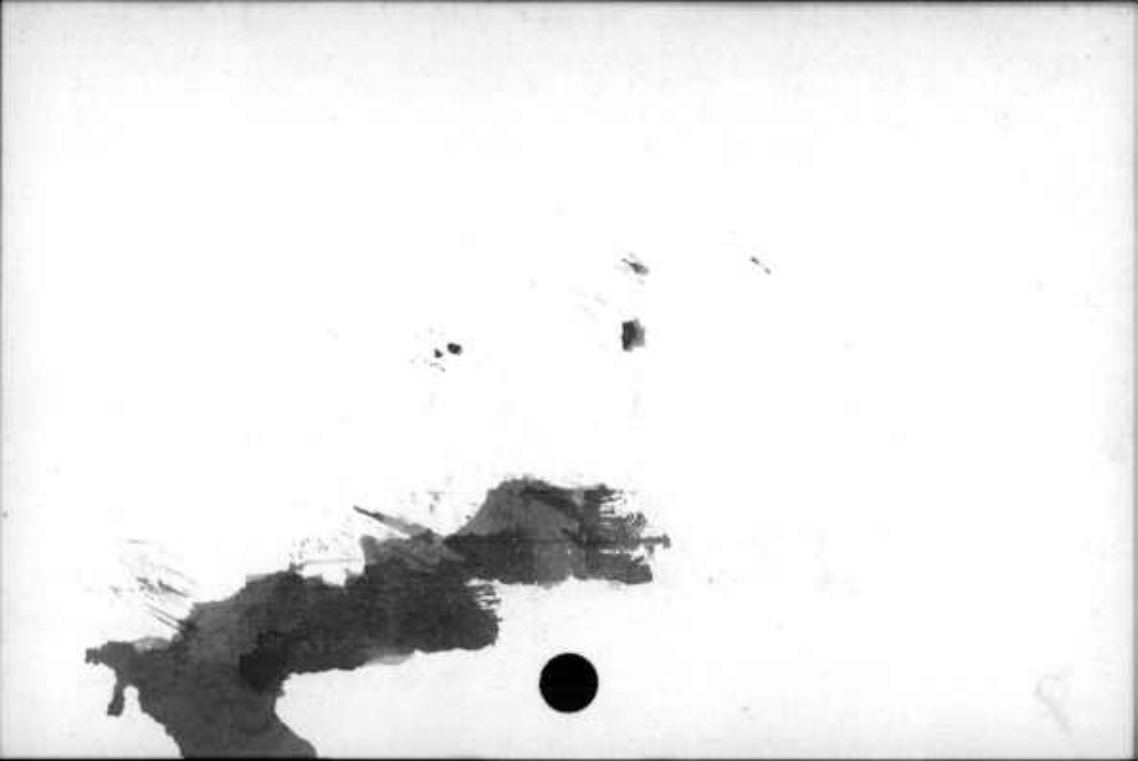
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. N. Athey

Address: 2 Hudson st East

Accident or Suicide?

LIBRARY BUREAU A68516



Name in Full: Ethal Finnigan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville; County: Baltimore Co

Date of death 1900: Month: May; Day: 24; Age: Years —; Months —; Days 7

Sex: Female; Color or Race: White; Birthplace: Pikesville

Occupation —; Where Residing if not at place of death: Pikesville

Married, Single or Widowed —; Name of Wife or Husband: Kathrine Finnigan

Father's Name: Thomas Finnigan; Father's Birthplace: Balto Co

Mother's Maiden Name: Kathrine White; Mother's Birthplace: Balto Co

Name of person giving information: Thomas Finnigan; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: 2 da.

Immediate: Exhaustion; How long: 8-10 hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Henry A. Naylor

Address: Pikesville Md.

Accident or Suicide?

LIBRARY BUREAU A30516

E. D. Selby + Son

Adrian Mich Cemetery

Name in Full: John Best Foster

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkton; County: Balt

Date of death: Month: 5; Day: 4; 1904

Age: Years: 69; Months: —; Days: —

Sex: Male

Color or Race: white

Birthplace: Md

Occupation: Farmer

Where Residing if not at place of death: Parkton Md

Married, Single or Widowed: Married

Name of Wife or Husband: Hannah Foster

Father's Name: Nicholas Foster

Father's Birthplace: Md

Mother's Maiden Name: Minnie Ensor

Mother's Birthplace: Md

Name of person giving In formation: George O Hunt

How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia.

How long: 8 days

Immediate: Typhoid fever

How long: 21 days

Are the name, age, sex, color date and place correctly given above?

Signature of Physician: R. R. Harris

Address: Parkton Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Henry L. Fringer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Balt. —

Date of death 1904: Month: 5; Day: 7th

Age: Years: 79; Months: 7; Days: 3

Sex: Male; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife or Husband: Ellen Fringer

Father's Name: Michael Fringer; Father's Birthplace: —

Mother's Maiden Name: Catherine Upperco; Mother's Birthplace: —

Name of person giving information: Jack H. Blocker; How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age; How long:

Immediate: General Break down; How long: years

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. H. Wilson M.D.

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A39516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: John Fletcher Gore

Died at: Town: Glyndon — County: Baltimore

Date of death: Month: May — Day: 18th — Year: 1904 — Age: 67. — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: St. Georges' Md.

Occupation: Farmer — Where Residing if not at place of death: Glyndon.

~~Married~~, Single or ~~Widowed~~ — ~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Elijah Gore — Father's Birthplace: Timber Grove

Mother's Maiden Name: Dorothy Becklee — Mother's Birthplace: Reisterstown

Name of person giving information: J. Elizabeth Gore — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — How long: about one year

Immediate: Nephritis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. N. White M.D.

Address: Glyndon, Md.

~~Inquest held~~ or ~~Coroner~~?

LIBRARY BUREAU A66616

Name in Full Herman Graff

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Gardenville — County: Baltimore

Date of death 1904: Month: May — Day: 26 — Age: Years: 41 — Months: 10 — Days:

Sex: Male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Fred'k G. Klammer — How related to deceased: Not relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 12 days

Immediate: Convulsions — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo F Cone M D

Address: Gardenville Md

Accident or Suicide?

8

LIBRARY BUREAU A88816

Ford Lassahn & Son

Porcelain Enamelers

Name in Full: Mable Amanda Gray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Powhatan; County: Balto

Date of death: Month: May; Day: 20th; Year: 1904

Age: Years: 5; Months: 8; Days: 5

Sex: Female

Color or Race: White

Birthplace: Baltimore

Occupation: School

Where Residing if not at place of death: Powhatan

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert Gray

Father's Birthplace: Port Royal Caroline Co Va

Mother's Maiden Name: Dudrow

Mother's Birthplace: Cayuga County Co Ohio

Name of person giving information: Clara R. Windon

How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Septic Infection with Typhoid Condition — How long: 10 days

Immediate: Acute dilatation of heart — How long: Immediat

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. G. Emmik

Address: Powhatan Md.

Accident or Suicide? no

LIBRARY BUREAU AGE218

Name in Full: Howard Gutermuth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Baltimore

Date of death 1910: Month: 4 — Day: 5 — 26

Age: Years: 2 — Months: 7 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband: —

Father's Name: Charles Gutermuth — Father's Birthplace: Germany

Mother's Maiden Name: Mathilda Horman — Mother's Birthplace: Baltimore

Name of person giving information: Charles Gutermuth — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro Spin. Meningitis — How long: 3 days

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Chamberlain M.D.

Address: 1013 Canton Ave

Accident or Suicide? —

LIBRARY BUREAU ARBRIA

St Matthews cemetery

Balto Co.

H. Lauderdaum

Name in Full: Chas. D. Harle

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Towson — County: Balto

Date of death 1904	Month	Day	Age	Years	Months	Days
	May	9		46	—	—

Sex: Male. Color or Race: white. Birthplace: New York City

Married, Single or Widowed: Married. Occupation: Clerk.

Name of Wife or Husband: Lena E. Harle

Father's Name: Silas Harle. Father's Birthplace: New York

Mother's Maiden Name: Anna Dewill. Mother's Birthplace: "

Name of person giving Information: Lena E. Harle. How related to deceased: wife.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption. How long: several months

Immediate: Hemorrhage of Lungs. How long: April 26th

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James H. Jarrett

Address: Towson

Accident or Suicide?

LIBRARY BUREAU Ab818

John Burns Sons

Mt. Pleasant Cemetery

New Jersey

Name in Full: Mrs Ann Hartman

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Mt. Hope Retreat (City) Balto

Date of death 1904 May 6th

Age (Years) about 65-70 (Months) — (Days) —

Sex Female

Color or Race White

Birthplace —

Occupation —

Where Residing if not at place of death Frederick Md

Married, Single or Widowed —

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Chronic Mania

How long

Immediate Exhaustion

How long One Month

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C. B. Culver M.D.

Address Mt Hope Md

Accident or Suicide? No

LIBRARY BUREAU A6881B

Name in Full: John W. Haulsplipe

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Long Green; County: Baltimore

Date of death: Month: May; Day: 19; 1904; Years: Age 81; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Germany

Occupation: Farmer; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife ~~or Husband~~: Mary Schneider

Father's Name: Unknown; Father's Birthplace: —

Mother's Maiden Name: Unknown; Mother's Birthplace: —

Name of person giving Imformation: Lizzie Haulsplipe; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchal Asthma; How long: 2 years -

Immediate: Paralysis; How long: 3 Days -

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. A. Green

Address: Stilings

Accident or ~~Suicide~~?

LIBRARY BUREAU A88316

Name in Full: Austin Hayden

CERTIFICATE OF DEATH

Died at: Town: St. Agnes Hosp. County: Balto. MARYLAND

Date of death 1904. Month: May Day: 26 Age: Years 18 Months: Days:

Sex: Male Color or Race: White Birthplace: Balto.

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long:

Immediate: Exanition How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. O'Mara

Address: St. Agnes Hospital.

Accident or Suicide?

LIBRARY BUREAU A66516

Interment Jourdan Park Cemetery

Jos B Cook

Name in Full: Catherine Hendricks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope — County: Potts.

Date of death 1904: Month: May — Day: 19th — Age: Years: 40 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Patrick Hendricks — Father's Birthplace: Ireland

Mother's Maiden Name: 93 — Mother's Birthplace: Ireland

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Melancholia — How long: 20 Yrs

Immediate: Pneumonia — How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G B Benson M D

Address: Mt Hope Md

Accident or Suicide? No

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LIBRARY BUREAU A88016

Name in Full: Mary Henkleni

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Balto

Date of death 1904: Month: May — Day: 29th — Age: Years: 32 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Balto

Occupation: ~ — Where Residing if not at place of death: 323. Clinton & Canton

Married, Single or Widowed: Married — Name of Wife or Husband: Charles Henkleni

Father's Name: ~ — Father's Birthplace:

Mother's Maiden Name: ~ — Mother's Birthplace:

Name of person giving Information: Paul Jenna — How related to deceased: Bro in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis Pulmonalis — How long: 9 mos.

Immediate: Exhaustion — How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: C. N. Athey

Address:

~~Accident or Suicide~~?

LIBRARY BUREAU A88616

Mt. Carmel Cemetery
Bells Co

Name in Full: Lawrence Hessler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hillsville — County: Balto

Date of death 1904 — Month: May — Day: 22 — Age — Years: 9 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: X — Occupation

Name of Wife or Husband: X

Father's Name: Wm J Hessler — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Maggie Severs — How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro Spinal Meningitis — How long: 2 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Z B Hall

Address: Mt Winans

Accident or ~~Suicide~~?

LIBRARY BUREAU A68518

Armstrong & Jenny

Holy Science

Name in Full: Ernest Christian Hinterneuch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto.

Date of death: Month: 5; Day: 17; 1904

Age: Years: 49; Months: 9; Days:

Sex: Male

Color or Race: White

Birthplace: Balto Md.

Occupation: Master Mechanic

Where Residing if not at place of death: 239 Clairmont Ave.

Married, Single or Widowed: Married

Name of Wife or Husband: Louisa Hinterneuch

Father's Name: Not known

Father's Birthplace: Germany

Mother's Maiden Name: Louisa Fisher.

Mother's Birthplace: Germany

Name of person giving information: Harriett Hinterneuch

How related to deceased: Daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Miliary Tuberculosis — How long: 3 mos.

Immediate: Exhaustion — How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Ghiselin M.D.

Address: 3 East Lough Highlandtown

Accident or Suicide? No

LIBRARY BUREAU A68816

Name in Full: John Holmgren

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Balto

Date of death: 1904 — Month: 4 — Day: 2

Age: Years — Months: 3 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Balto.

Occupation: — Where Residing if not at place of death: (42) Centre Place

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: John Oscar Holmgren — Father's Birthplace: Sweden

Mother's Maiden Name: Josephine Anderson — Mother's Birthplace: Sweden

Name of person giving information: Josephine Holmgren — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Indigestion — How long: 3 mos

Immediate: Convulsions, Coma & Death — How long: ½ hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Treuay M.D.

Address: 3 East Gough Highlandtown Md

Accident or Suicide? No

LIBRARY BUREAU AB8814

J. Herwig & Son
2008 Allans St
Trinity Term
3/4/04

Name in Full: Charles Emanuel Holtz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington — County: Balto.

Date of death: 1904 — Month: May — Day: 24 — Age: Years: — Months: 2 — Days: 3

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: — — Where Residing if not at place of death: —

~~Married~~, Single, ~~or Widowed~~ — Name of Wife or ~~Husband~~: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm. Alb. Holtz — Father's Birthplace: Md

Mother's Maiden Name: Ella Virginia Foster — Mother's Birthplace: Wash. D. C

Name of person giving Imformation: Wm. Grantom M.D. — How related to deceased: Nona

Undertaker: C H Blizzard

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Simple Atrophy — How long: 7 weeks

Immediate: Convulsions — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm Grant M.D.

Address: 2104 W. North ave Balto. Md

Accident or Suicide? No.

LIBRARY BUREAU A62816

Arlington Cemetery

C. H. Heyzer

Name in Full: J Hoover

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Brucklynsville — Town: — County: Baldo

Date of death 190 4	Month: 2	Day: 4	Years	Months	Days
			Age		

Sex: Female — Color or Race: White — Birthplace: Brucklynsville Md

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: David Hoover S. — Father's Birthplace: Baltimore City

Mother's Maiden Name: Lizzie Hutchison — Mother's Birthplace: Grave Run Md

Name of person giving Information: Davia Hoover — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Still-Birth — How long:

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. Rush M.D.

Address: Brucklynsville. Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Mary E. Hoover

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brucklynville County: Balto

Date of death 1901: Month: May Day: 6 Age: Years: 44 Months: 2 Days: 12 ind.

Sex: Female Color or Race: White Birthplace: Grave Run

Married, Single or Widowed: Married Occupation: House wife

Name of Wife or Husband: David E. Hoover

Father's Name: Henry H. Hoffacker Father's birthplace: Grave Run md

Mother's Maiden Name: K. J. Fair Mother's birthplace: Carroll Co

Name of person giving information: John H Hoover How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aggravated Toxemia of Pregnancy and a few days Dysentery — How long: 6 weeks

Immediate: Heart Failure — How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. McKee M.D.

Address: Brucklynville Md

Accident or Suicide?

LIBBEY BUREAU FORMS

Name in Full: Frances L. Hurdle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cella — County: Baltimore

Date of death: Month: May — Day: 30 — Year: 1904 — Age: 38. — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Nolen Hurdle — Father's Birthplace: Md.

Mother's Maiden Name: Caroline Stansbury — Mother's Birthplace: Md

Name of person giving Information: David G. Van Order — How related to deceased: Brother-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid — How long:

Immediate: Consumption — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: D. J. Byrne

Address:

Accident or Suicide?

LIBRARY BUREAU A48818

Name in Full: Mariah J. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at Towson (Town) Balto. (County)

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1907	Month: May.	Day: 27	Years: Age 71	Months: —	Days: —
Sex: Female.	Color or Race: white			Birthplace: Md.	
Married, Single or Widowed: Widow		Occupation: House wife			
Name of Wife or Husband: Benj. J. Johnson					
Father's Name: Wm. Bolders				Father's Birthplace: Penn.	
Mother's Maiden Name: Ann. Hartman				Mother's Birthplace: Penn.	
Name of person giving information: Carrie Coe.				How related to deceased: Niece	

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Cerebral Apoplexy	How long: 2 yrs
Immediate: Cardiac Asthenia	How long: 8 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: J. Ruxton Green M.D.
Accidents or Suicide?	Address: Towson Md.

LIBRARY BUREAU

John Burns Sons

Prospect Hill

Conn

Name in Full: Benjaman Franklin Jordan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Trumps; County: Baltimore

Date of death 1904: Month: May; Day: 25

Age: Years: 80; Months: 6; Days: 20

Sex: Male; Color or Race: White; Birthplace: Penna.

Married, Single or Widowed: Widowed; Occupation: Farmer

Name of Wife or Husband: Juliette Elizabeth Anderson

Father's Name: Archibald S. Jordan; Father's Birthplace: Penna

Mother's Maiden Name: Rebecca Turner; Mother's Birthplace: Penna

Name of person giving information: Archibald S. Jordan; How long informed: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drank butter coloring; How long: —

Immediate: Gastritis; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Millard Stirling M.D.

Address: Shawan, Balto Co, Md.

Accident or Suicide? accident.

LIBRARY BUREAU

Name in Full: John Kavanaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: near Ellicott City — Town — County: Baltimore

Date of death: 1904 — Month: May — Day: 13 — Age: Years 78 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Retired — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or Husband: Ann Kavanaugh

Father's Name: Patrick Kavanaugh — Father's Birthplace: Ireland

Mother's Maiden Name: Ellen Kavanaugh — Mother's Birthplace: Ireland

Name of person giving Information: Mary E Potts — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: 2 yrs

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Thos B Owings

Address: Ellicott City

Accident or Suicide? —

LIBRARY BUREAU

Name in Full: Emily Kelly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Verona County: Balt

Date of death: 1904 Month: 3 Day: 17 Age: Years: 87 Months: Days:

Sex: Female Color or Race: Colored Birthplace: Manor, Md.

Occupation: Housekeeper Where Residing if not at place of death: Verona

Married, Single or Widowed: Married Name of Wife or Husband: George Kelly

Father's Name: Not Known Father's Birthplace: Not Known

Mother's Maiden Name: Not Known Mother's Birthplace: Not Known

Name of person giving information: Geo Kelly Informant Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy How long: Six days

Immediate: Coma How long: 12 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. G. Mitchell

Address: Glenerd, Md.

Accident or Suicide?

LIBRARY BUREAU ARTICLE

To be Buried at Forks
Friday May 20th
Please return Receipt
Obit
H. C. B.

Name in Full: Carrie L. Kemp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forest Park; County: Baltimore

Date of death: Month: May; Day: 21; 1904

Age: Years: 58; Months; Days

Sex: Female

Color or Race: White

Birthplace: Baltimore Md

Occupation: —

Where Residing if not at place of death: Liberty Road & Montgomery ave Forest Park

Married, ~~Single~~ ~~Widowed~~ ~~Divorced~~

Name of Wife or Husband: Oscar T. Kemp

Father's Name: John R. Cole

Father's Birthplace: Mass

Mother's Maiden Name: Margaret McGinn

Mother's Birthplace: Baltimore

Name of person giving information: Oscar T. Kemp

How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Locomotor Ataxia — How long: Over a year

Immediate: Exhaustion & Anaemia — How long: Several weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Robert W. Mifflin M.D.

Address: 1026 Mad. ave Balto. City

Accident or Suicide?

LIBRARY BUREAU A65818

Loudan Park
[redacted] Cemetery.

Stewart + Mowen
Undertakers.

May 23, 1914.

Name in Full: Michael King

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Mt Hope Retreat (County) Baltimore

Date of death 1904 — Month: May — Day: 11th — Years: Age 40 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Baltimor

Occupation: Shoe Business — Where Residing if not at place of death: Baltimor Md

Married, Single or Widowed: Married — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Imformation: Rect Mount Hope — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mania Post Paralysis — How long: abt

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Balto Co Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Cunada, Lammars

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ilchester — County: Balto

Date of death: Month: 5 — Day: 27, 1904 — Age: Years: 6, Months: —, Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: 3516 E Balto St

Married, Single or Widowed — Wife or Husband: —

Father's Name: Geo J. Lammar, — Father's Birthplace: Md

Mother's Maiden Name: Matilda Troyer — Mother's Birthplace: Md

Name of person giving information: Geo J. Lammar — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchial Pneumonia — How long: 10 days

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [redacted]

Address: [illegible] 140 [illegible] St

Accident or Suicide? —

LIBRARY BUREAU A6881A

Lauderdale Park

Evon & Alexander

Name in Full: Wm. E. Lancaster

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jenkins; County: Balto

Date of death: 1904; Month: May; Day: 8

Age: Years: —; Months: 4; Days:

Sex: Male

Color or Race: White

Birthplace: Jenkins

Occupation:

Where Residing if not at place of death: Jenkins

Married, Single or Widowed: single

Name of Wife or Husband:

Father's Name: C. L. Lancaster

Father's Birthplace: Balto. Co. Md.

Mother's Maiden Name: Emma M. Bowen

Mother's Birthplace: Balto Co. Md.

Name of person giving Imformation: C. L. Lancaster

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastro-intestinal Catarrh

How long: 4 months

Immediate: Chronic " " "

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? —

Signature of Physician: Jno. L. Green, M.D.

Address: Gittings

Accident ~~or Suicide?~~

LIBRARY BUREAU A89518

Name in Full: Ellie Legarde

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Mt Hope Retreat — (County): Balto. Co Md.

Date of death: Month: May — Day: 6th — 1904

Age: Years: 31 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Recds of Mt Hope Retreat — How related to deceased: not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania - Sick Epilepsy — How long: for 4 years

Immediate: Cerebral Congestion - Status Epilepticus — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimore Co Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Henry Joseph Lilly.

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baldwin; County: Baltimore

Date of death: 1904 Month: May Day: 21 Age: Years: 55 Months: 8 Days: 2

Sex: Male Color or Race: White Birthplace:

Occupation: Farmer Where Residing if not at place of death: Baldwin.

Married, ~~Single~~ or ~~Widowed~~: Married Name of ~~Wife or Husband~~: Helen J. Lilly.

Father's Name: Joseph Lilly Father's Birthplace: Konewago

Mother's Maiden Name: Catharine Reilly Mother's Birthplace: Emmittsburg

Name of person giving Information: Helen J. Lilly How related to deceased: Wife.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal Paralysis How long: 2 months

Immediate: Peritonitis How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John S. Green M.D.

Address: Pettingia

Accident or Suicide? Neither. Balto. Co. Md.

LIBRARY BUREAU A88016

Name in Full: Samuel Elliott Lyston

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Monkton — County: Balto.

Date of death: 1904 — Month: May — Day: 28 — Age: Years / Months / Days

Sex: Male. — Color or Race: White — Birthplace: Balto Co

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Margaret E. Lyston

Father's Name: Solomon Lyston — Father's Birthplace: Md

Mother's Maiden Name: Rebecca Gorsuch — Mother's Birthplace: Md.

Name of person giving information: M. E. Lyston — Informant's Residence: Corbett

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis — How long: 8 mo.

Immediate: Cardiac Asthenia — How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Roy Payne

Address: Corbett Md

Accident or Suicide?

LIBERTY BUREAU ASSOC'N

Name in Full: Lewis Little

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Caves Road; County: Batto Co

Date of death: 1904 Month: May Day: 24

Age: Years — Months: 1 Days —

Sex: Male

Color or Race: Colored

Birthplace: Batto. Co. Md

Occupation: —

Where Residing if not at place of death: Caves Road

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Little

Father's Birthplace: Batto City

Mother's Maiden Name: Maggie Bodley

Mother's Birthplace: Long Green

Name of person giving information: Maggie Bodley

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth

How long: about 8 months

Immediate: Marasmus

How long: one week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. H. Campbell M.D.

Address: Cross Mills Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Edward D. Long

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Baltimore — County:

Date of death 1904 — Month: May — Day: 8 — Years: 17 — Months: 3 — Days: 28

Sex: Male — Color or Race: White — Birthplace: Wash. Co. Md

Occupation: School boy — Where Residing if not at place of death: Lappans, Md

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Isaac S. Long — Father's Birthplace: Wash. Co. Md

Mother's Maiden Name: E. Estella Hagerman — Mother's Birthplace: " " "

Name of person giving Information: Isaac S. Long — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sarcoma of knee — How long: 3 months

Immediate: Ulcerative Ileo-Colitis — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. M. Reichard

Address: Fairplay.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Edith May MacCleery

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ft. Howard, Md. — County: Balto.

Date of death 190 4 — Month: May — Day: 29th — Age — Years: — Months: — Days: 11

Sex: Female — Color or Race: White — Birthplace: Ft Howard Md

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Hugh R MacCleery — Father's Birthplace: Pa

Mother's Maiden Name: Emma E Remaly — Mother's Birthplace: Pa

Name of person giving information: Hugh R MacCleery — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infantile diarrhoea acute — How long: Eight days

Immediate: Exhaustion — How long: one day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Compton Wilson

Address: Ft Howard Md

Accident or Suicide: —

LIBRARY BUREAU A88516

Name in Full: John H McKeown

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton — County: Baltimore — MARYLAND

Date of death 1904: Month: 1-5 — Day: 5-6 — Age: Years: 33 — Months: 7 — Days: 15-

Sex: male — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: married — Occupation: laborer -

Name of Wife or Husband:

Father's Name: Frank McKeown — Father's Birthplace: Baltimore

Mother's Maiden Name: Jennie Friedmann — Mother's Birthplace: Baltimore

Name of person giving information: Mary E Ebert — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflam Rheumatism — How long: Several days

Immediate: Chronic Endocarditis Rheumatism

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E J Williams

Address: 1114 Chesapeake

Accident or Suicide?

LIBRARY BUREAU A80510

Mt. Carmel Cem
Hardin Sons

Name in Full: Mary McNamara

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death: Month: May; Day: 9th; Year: 1904; Age: 45; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Dunkirk N.Y.

Occupation: Religious; Where Residing if not at place of death: Lowell Mass

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: Rec'd Mt Hope Retreat; How related to deceased: Not at all.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Chronic — How long

Immediate: Ex Cardiac Asthenia & Syncope — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat, Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A68816

New Bury Port

Mass

Stuart T Mowen

Balto Md

Name in Full: Harry E Matthews

CERTIFICATE OF DEATH

MARYLAND

Died at: Ft Washington (Town) Prince Geos (County)

Date of death 1904: May (Month) 5 (Day)

Age: Years 25 Months 9 Days 22

Sex: Male

Color or Race: White

Birthplace: Md

Married, Single or Widowed: Single

Occupation: Labor

Name of Wife or Husband:

Father's Name: Eli F Matthews

Father's Birthplace: Md

Mother's Maiden Name: Spaurgeon

Mother's Birthplace: Germany

Name of person giving information: Eli F Matthews

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 18 mos.

Immediate: Exhaustion — How long: 12 hrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C H Bueter MD

Address: Ft Washington Md

Accident or Suicide?

LIBRARY BUREAU A88516

Druid Ridge Cemetery
May 8-04

A L Marshall
35-37 Fall Rose

Name in Full: Joseph M. Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Not Hope — County: Balto.

Date of death: 1904 — Month: May — Day: 24th — Years: 64 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Gettysburg Pa

Occupation: Bricklayer — Where Residing if not at place of death: Baltimore Md

Married, Single, Widowed: — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Paralysis — How long:

Immediate: — How long: One Month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. B. Emory M.D.

Address: Not Hope Md

Accident or Suicide?

LIBRARY BUREAU A89016

J. Henry & Son
Not Canned.

Name in Full: Martha Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Manor; County: Baltimore

Date of death 1904 — Month: 3 — Day: 9 — Age: Years: 63 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Manor

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Husband: Thomas Miller

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Wm. G. Nash — How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown — How long: —

Immediate: Heart Failure — How long: Half hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. T. Carter M.D.

Address: Catonsville Md.

Accident or Suicide? Neither.

LIBRARY BOYLE A88516

Name in Full: George A. Munroe

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Roland Park — County: Baltimore

Date of death 1904	Month	Day	Years	Months	Days
	May	16	Age 0	3	13

Sex: Male — Color or Race: White — Birthplace: Somerville Mass

Married, ~~Single or Widowed~~: Married — Occupation: Wholesale Lumber Merchant

Name of Wife ~~or Husband~~: Isabel F. Munroe

Father's Name: Benjamin Munroe — Father's Birthplace: Lex. Mass

Mother's Maiden Name: Hannah B. Rumney — Mother's Birthplace: Charleston "

Name of person giving Information: George S. Munroe — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic nephritis — How long: 6 or 8 years

Immediate: Uraemic convulsions — How long: one hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fred B Shepheard

Address: 16 W Preston St

Accident or Suicide?

LIBRARY BUREAU A6831G

Mount Auburn Cem.

Boston. Mass.

Name in Full: Margaretta Nau

114
CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sweet Air — County: Balto.

Date of death 1904: Month: May — Day: 9 — Age: Years: 78 — Months: 2 — Days: 21

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: John Nau Sr

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Belsing — Father's Birthplace: Germany

Mother's Maiden Name: Unknown — Mother's Birthplace: Germany

Name of person giving Imformation: Rebecca Nau — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: "La Grippe" — How long: 2 years

Immediate: Heart & Kidney disease — How long: 6 months

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. S. Green

Address: Gittings

Accident ~~or Suicide~~?

LIBRARY BUREAU A88316

Name in Full: Mark

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Laurel Park; County: Prince

Date of death 1904: Month: May; Day: 15

Age: Years: —; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Laurel Park

~~Married~~, Single or ~~Widowed~~

Occupation: —

Name of Wife or Husband: —

Father's Name: B. Lloyd Mackall

Father's Birthplace: Prince Co Md

Mother's Maiden Name: Kate P. Chinchen S.

Mother's Birthplace: Charleston S C

Name of person giving information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: —

Immediate: Pneumonia Chron. Tuberculosis

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. Whitfield Tuberculosis

Address: 114 East Capitol St.

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Nichols, Sarah E.

Died at: Town: Catonsville County: Balto.

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: May	Day: 27	Age: Years: 38	Months	Days
Sex: Female	Color or Race: White		Birthplace: Delaware.		
Married, Single or Widowed: Married		Occupation: Housewife.			
Name of ~~Wife or~~ Husband: J. E. Nichols					
Father's Name: Wm. H. Todd			Father's Birthplace: Del.		
Mother's Maiden Name: Nancy Todd			Mother's Birthplace: Del.		
Name of person giving information: A Friend			How related to deceased: X		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Terminal Dementia		How long: 1 yr.
Immediate: Pulmonary Tuberculosis		How long: 6 mos.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Percy Nadi	
	Address: Catonsville. Md.	
Accident or Suicide? No		

LIBRARY BUREAU A56516

Name in Full: John Madsen

CERTIFICATE OF DEATH

MARYLAND

Died at: St. Agnes' Hospital — Town — County: Balto

Date of death	Month	Day	Age: Years	Months	Days
1904	May	17	42		

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Varnisher — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. F. Moore

Address: St. Agnes Hospt.

Accident or Suicide?

LIBRARY BUREAU

John J. Corcoran.

901 Hyllon SC.

Name in Full — Certificate of Death

Charles Bernard Hoffmeyer

Died at Town: Cockeysville — County: Baltimore — MARYLAND

Date 19 04 — Month: May — Day: 7 — Age: Y. 4 M. 11 D. — Native of: Md — Occupation: None

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ ~~Widowed~~ ~~Divorced~~ — Widower — ~~Number of children living~~

Husband of Wife

Father's Name: Chas B Hoffmeyer — Mother's Maiden Name: Cath E. Brogan

Cause of Death — Primary: Indigestion & Endocarditis — How long sick: 8 days

Immediate: Convulsions (Meningitis) — ~~Accident, Suicide, Homicide~~

Reported by: Dr. B. R. Benson

Address: Cockeysville — Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79808

Name in Full: John Ommack

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Balt

Date of death 190 4 — Month: 5 — Day: 11 — Age: Years 49 — Months — — Days —

Sex: Male — Color or Race: W — Birthplace: Balt Md

~~Married~~ Single ~~or Widowed~~ — Occupation: Sailor

Name of Wife or Husband: none

Father's Name: Adam Ommack — Father's Birthplace: Md

Mother's Maiden Name: Catherine — — Mother's Birthplace: Md

Name of person giving information: Mary E. Miller — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Empiplas — How long: 10 days

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David W. Jones

Address: 9116 O'Donnell St

Attended ~~deceased~~

LIBRARY BUREAU ASSALS

Mt Carmel Cemetery

Name in Full: George Patterson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lock Raven — County: Balto.

Date of death 1904 — Month: 3 — Day: 3 — Years: Age 91 — Months: 10 — Days:

Sex: Male — Color or Race: White — Birthplace: Penna.

Occupation: Ornamental Carver — Where Residing if not at place of death: Lock Raven

Married, Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: Thomas Patterson — Father's Birthplace: Scotland

Mother's Maiden Name: Mary A. Neely — Mother's Birthplace: Md.

Name of person giving information: Mrs Annie E. Parks — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile debility — How long: 5 yrs

Immediate: Senile debility — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geary A. Long, M.D.

Address: Hamilton Md

Accident or Suicide?

LIBRARY BUREAU A88518

John Burns Sons
Providence
Conn

Name in Full: John W Priest

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington — County: Balto.

Date of death 190 4 — Month: 5 — Day: 9

Age — Years: 2 — Months: — — Days: 19

Sex: Male — Color or Race: Colred — Birthplace: Baltimore

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Brown — Father's Birthplace: Md

Mother's Maiden Name: Martha Elliott — Mother's Birthplace: Md

Name of person giving information: John Brown — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: One week

Immediate: Convulsions — How long: 12 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C H Bullen M D

Address: Mt Washington

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Rade

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Patty Mill — County: Balto

Date of death 190 4: Month: May — Day: 15

Age: Years — Months: 11 — Days

Sex: Male — Color or Race: White — Birthplace: As above

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Rade — Father's Birthplace:

Mother's Maiden Name: Anna Powell — Mother's Birthplace:

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cafellary Bronchitis 7th Involvement of Brain — How long: Several Days

Immediate: Convulsions-General Weakness — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Linyard D White M.D.

Address: Fullerton, Md.

Accident or Suicide?

LIBRARY BUREAU ARREST

Name In Full Fannie Rawlings

Certificate of Death

Died at Town Norrun County Balto MARYLAND

Date 1924 Month May Day 10 | Age Y. 44 M. D. | Native of Md | ~~Occupation~~ H

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living ~~—~~

~~Husband~~ Wife of

Father's Name Stephens Rawlings Mother's Maiden Name Nellie Brown Benson

Cause of Death: Primary Dying from Forceps

Immediate Convulsions

How long sick 4 Days

Accident, Suicide, Homicide

Reported by Dr W.B. Benson

Address Cockeysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70998

Name in Full: Frederecka Amelia Reuer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowley Lane — County: Balt Co

Date of death 1904 — Month: May — Day: 31 — Age: 82 — Months: 4 — Days: 3

Sex: Female — Color or Race: white — Birthplace: Germany

Occupation: Housework — Where Residing if not at place of death: Bowley Lane

Married, Single or Widowed: widowed — Name of Wife or Husband: Henry Reuer

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Mr Reuer — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exhaustion — How long: Old Breaks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: Wm D Dorsey

Address: Govanstown

Accident or Suicide?

LIBRARY BUREAU A82010

Name in Full

Certificate of Death

Samuel R. Roy

Died at Town Lackspur County Balto. Co MARYLAND

1904 Month May Day 24 Y. 52 M. — D. — Native of Maryland Occupation Farmer

Date 189

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name dont Know Mother's Name dont Know

Cause of Death: Primary Exposure

Immediate Pneumonia

How long sick 4 days

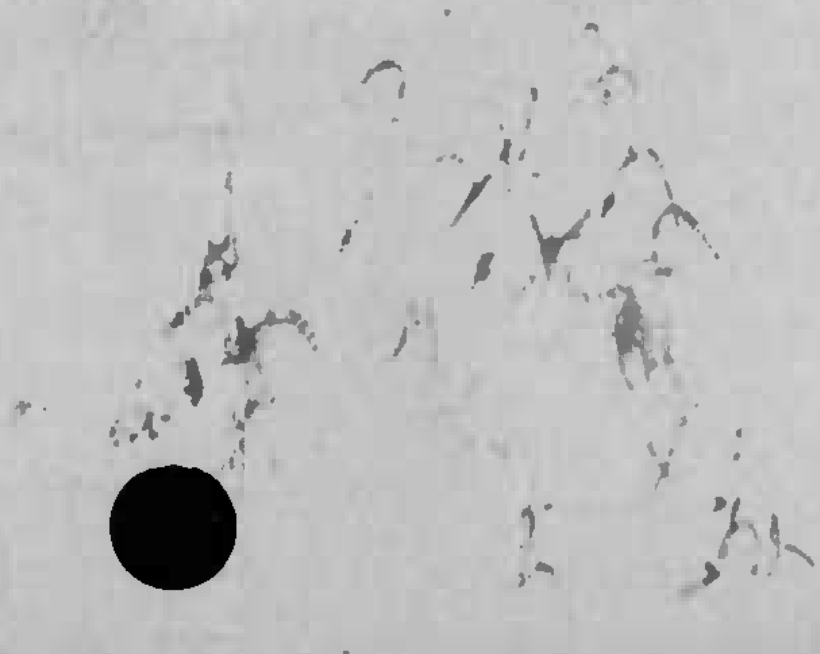
~~Accident, Suicide, Homicide~~

Reported by Dr J E Benson

Address Lackspur Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: Herman Schloss

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Canton — (County): Baltimore

Date of death 1904: May — Day: — — Age: Years 56 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Single — Occupation: Clerk

Name of Wife or Husband: — /

Father's Name: Rubens Strauss Schloss — Father's Birthplace: Germany

Mother's Maiden Name: Jeata Schloss — Mother's Birthplace: Germany

Name of person giving information: Wm Stopps — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning — How long: —

Immediate: Drowning — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ Coroner John G. Mueller

Address: 216 S. Donnell st.

~~Accident or Suicide~~?

LIBRARY BUREAU A 88510

Name (in Full): George A. Schnepf.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Balto.

Date of death 1907 — Month: May — Day: 4 au

Age — Years: — Months: 10 — Days:

Sex: Male — Color or Race: White — Birthplace: Balto Co.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo. M. Schnepf. — Father's Birthplace: Balto City

Mother's Maiden Name: Lena Botorek. — Mother's Birthplace: Balto Co.

Name of person giving information: Geo. M. Schnepf — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis — How long: 4 days

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C N Bitzer

Address: 2 Wilson Pl

Accident or Suicide? No

LIBRARY BUREAU A38518

Germanus Trance

Sacred Heart Cemetery

May 5th 1904

Name in Full: Isaac Scoggins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Orla — County: Baltimore

Date of death 1904: Month: May — Day: 24 — Age: Years: 80 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: Widowed — Occupation: Farm Hand

Name of Wife or Husband:

Father's Name: Samuel Scoggins — Father's Birthplace: Maryland

Mother's Maiden Name: Lucy Scoggins — Mother's Birthplace: "

Name of person giving information: 20 — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Ch. Interstitial Nephritis — How long: Not known

Immediate: Exhaustion — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. L. Wartfeldt

Address: Health Officer, Belmont Blvd

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Decoombe, Edward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Calvert City County: Balto

Date of death 1904: Month: May Day: 11 Age: Years: 72 Months: Days:

Sex: Male Color or Race: White Birthplace: Maryland

Married, Single or Widowed: Single Occupation: Carpenter

Name of Wife or Husband: X

Father's Name: X Father's Birthplace: X

Mother's Maiden Name: X Mother's Birthplace: X

Name of person giving information: X How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pernunal Pneumonia How long:

Immediate: Ch Interstitial Nephritis How long: 7 yrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Rode

Address: Calvert City, Md.

Accident or Suicide? No.

LIBRARY BUREAU A38516

Name in Full: Annie Shickner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Balt

Date of death 1904: Month: May — Day: 30 — Age: Years: 5 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Married, ~~Single~~ or ~~Widowed~~ — Occupation: None

Name of ~~Wife or~~ Husband: Frederick Shickner

Father's Name: Henry Dontell — Father's Birthplace: Germany

Mother's Maiden Name: Mary Dontell — Mother's Birthplace: Germany

Name of person giving information: Henry Dontell — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: Four months

Immediate: Exhaustion — How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David D. Jones

Address: 3116 O'Donnell St.

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Easton Town

St Johns Cemetery

Howard Co

Md

Name in Full: Edna E Shinn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Glyndon Dist. County: Baltimore.

Date of death: 1904 Month: May Day: 12

Age: Years: 6 Months: Days: 3

Sex: Female Color or Race: White Birthplace: Shinns Dist

Occupation: — Where Residing if not at place of death: 2 E. N. St

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Henry J. Shinn Father's Birthplace: Pa

Mother's Maiden Name: Rhoda M Glassgow Mother's Birthplace: Pa

Name of person giving Information: Henry J Shinn. How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemorrhagic Pneumonia How long: 2 days

Immediate: Exhaustion How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno E Deal

Address: Shinns Dist

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Maggie Sinsz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Lansville — (County): Balto

Date of death: Month: May — Day: 19 — Years: Age 28 — Months — Days

Sex: female — Color or Race: white — Birth-place: Germany

Occupation: Housework — Where Residing if not at place of death: Lansville

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Christian Sinsz — Father's Birthplace

Mother's Maiden Name: Morgt — Mother's Birthplace

Name of person giving Imformation — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Meningitis — How long: 9 days

Immediate: Coma — How long

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: Wm D Dorsey

Address: Gunsenville Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Margt W Sinsz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmasville; County: Balto

Date of death: 1904 Month: May Day: 13 Age: Years 65 Months Days

Sex: female Color or Race: white Birthplace: Germany

Occupation: Housework Where Residing if not at place of death

Married, Single or Widowed: Married Name of Wife or Husband: Christian Sinsz

Father's Name: Mock Father's Birthplace

Mother's Maiden Name: Mother's Birthplace

Name of person giving Information: Frdk Walker How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of rectum How long: 6 months

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D Cosgrad

Address: Govanstown Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A883-15

Name in Full: Elizabeth Smith

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CERTIFICATE OF DEATH

MARYLAND

Died at: York — Town: — County: Baltimore

Date of death 1904: Month: May — Day: 28 — Age: Years: 69 — Months: 10 — Days: 17

Sex: Female — Color or Race: White — Birthplace: Pa

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Husband: Sydney Smith

Father's Name: George Morgan — Father's Birthplace: Pa

Mother's Maiden Name: Catherine Kreider — Mother's Birthplace: Pa

Name of person giving Imformation: Naomi Morgan — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: asthma — How long: 10 years or more

Immediate: Pneumonia — How long: one week

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. A. Green

Address: Gillingsville Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88816

Name in Full: Harvey Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dar County: Baltimore

Date of death 190 4: Month: May Day: 14 Age: Years: — Months: — Days: 4 hrs

Sex: Male Color or Race: White Birth-place: Maryland

Married, Single or Widowed: Infant Occupation: Infant

Name of Wife or Husband: None

Father's Name: Ed. W Smith Father's Birthplace: Maryland

Mother's Maiden Name: Lillie May Warner Mother's Birthplace: Penna

Name of person giving information: Ed. W Smith How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician: J. L. Wagle

Address: Mexico Freedom Pa

Accident or Suicide?

LIBRARY BUREAU ARMIS

Name in Full: Howard Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Dar. — County: Baltimore

Date of death 1904 — Month: May — Day: 14

Age — Years: — Months: — ~~Days~~: 4 hrs.

Sex: Male — Color or Race: White — Birthplace: Dar. Md.

Married, Single or Widowed: Infant — Occupation: Infant

Name of Wife or Husband: none

Father's Name: Edward W. Smith — Father's Birthplace: Maryland

Mother's Maiden Name: Lillie M Warner — Mother's Birthplace: Penna.

Name of person giving In formation: Ed. W. Smith — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Yagle.

Address: Mercersburg, Pa.

Accident or Suicide? —

LIBRARY BUREAU A8851

Name in Full: Henry C Snavely

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North Point Road | County: Balt

Date of death 1904 | Month: 5 | Day: 16 | Age: Years 62 | Months 2 | Days 10

Sex: Male | Color or Race: White | Birthplace: Penn

Occupation: None | Where Residing if not at place of death: North Point Road

Married, Single or Widowed: Married | Name of Wife or Husband: Ambrose

Father's Name: Aaron Snavely | Father's Birthplace: Penn

Mother's Maiden Name: Susan Kaul | Mother's Birthplace: Penn

Name of person giving Information: Bud Snavely | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia | How long: 11 days

Immediate: Exhaustion | How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Woodward MD

Address: Sparrows Point Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Eldridge N. Snyder

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Dickeysville — County: Balto.

Date of death 1904 — Month: May — Day: 7 — Age — Years: 7 — Months: 6 — Days: 13

Sex: Male — Color or Race: White — Birthplace: Dickeysville

Married, Single or Widowed — Occupation: none

Name of Wife or Husband

Father's Name: Nathan E. Snyder — Father's Birthplace: Frederick Co Md

Mother's Maiden Name: Mamie Keck — Mother's Birthplace: Balto Co Md

Name of person giving information: Mrs Mamie Snyder — How related to deceased: mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Inflamation of Stomach — How long: 1 day

Immediate: Convulsions — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. C. Emmick

Address: Powhatan. Md

Accident or Suicide? —

LIBRARY BUREAU AGRS 16

Ridge Cem

Jos B. Cook

Name in Full: Mary E. Somerville

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lansdowne — County: Baltimore

Date of death 1904 — Month: May — Day: 19 — Age — Years: 19 — Months: 4 — Days: 5

Sex: Female — Color or Race: White — Birthplace: Balt. Md.

Married or Single or Widowed — Occupation: House work

Name of Wife or Husband: —

Father's Name: Francis Somerville — Father's Birthplace: Philadelphia

Mother's Maiden Name: Martha Wright — Mother's Birthplace: Balt. Md.

Name of person giving information: Martha Somerville — How related to deceased: Mother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 5 months

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank H. Ruhl

Address: Lansdowne, Md.

Accident or Suicide?

LIBRARY BUREAU ARCHIVES

Jordan.

S. Peters

Name in Full: David R. Stewart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highland — County: Baltimore

Date of death 190 4 — Month: 5 — Day: 30 — Age — Years: 20 — Months: 10 — Days: 4

Sex: Male — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Single — Occupation: Printer

Name of Wife or Husband:

Father's Name: Archibald Stewart — Father's Birthplace: England

Mother's Maiden Name: Maggie Goodlet — Mother's Birthplace: England

Name of person giving information: Maggie Stewart — How related to deceased: Mother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis — How long:

Immediate: Phthisis — How long: 4 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Gaither W. Dr.

Address: 5 Highland

Accident or Suicide?

LIBRARY BUREAU ARBELS

H. Sander & Sons

Mount Carmel

Cemetery

Name in Full: Alice E Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Balto Co

Date of death: 1904; Month: May; Day: 27th; Age: Years: 17; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: —

Occupation: None; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: Recds of Mt Hope Retreat; How related to deceased: not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania - Purrrpural; How long: abt 10 or 12 days

Immediate: Ex - Puerperal Septicaemia; How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat, Baltimore Md.

Accident or ~~Suicide~~? —

LIBRARY BUREAU A88515

Name in Full: Philip Gurfel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pasadena — Mayford — County: Baltimore

Date of death 1924: Month: 5 — Day: 24

Age: Years: 75 — Months: — Days: 1

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male

Color or Race: white

Birthplace: Md

Married, Single or Widowed: widower

Occupation: Gardener

Name of Wife or ~~Husband~~: Barbara E. Gurfel

Father's Name: —

Father's Birthplace: England

Mother's Maiden Name: —

Mother's Birthplace: "

Name of person giving information: Ida Fowble

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning

How long: Immediate

Immediate: Drowning

How long: "

Are the name, age, sex, color, date and place correctly given above? yes

August. W. Miller Coroner

M. Williams

Md.

~~Accident~~ or Suicide?

LIBRARY BUREAU 48848

Cedar Hill

N. Thick

Name in Full: Harriet Van Lill -

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catonsville; County: Balto

Date of death: Month: May; Day: 5; Year: 1904

Age: Years: 76; Months: 6; Days: 13

Sex: Female

Color or Race: White

Birthplace: London

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Geo. Watt

Father's Birthplace: Scotland

Mother's Maiden Name: Elizabeth Grayston

Mother's Birthplace:

Name of person giving information: John L. Kauffman

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intussusception of bowel — How long: 7 days

Immediate: Constant vomiting causing exhaustion — How long: 7 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John J. Kring, M.D

Address: 640 N. Carrollton Ave Balto., Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mollie Trail

CERTIFICATE OF DEATH

MARYLAND

Died at: near Granite — Town — Baltimore — County

Date of death 190 4 — Month: 5 — Day: 8

Age — Years: 51 — Months: — — Days: —

Sex: female — Color or Race: white — Birthplace: Howard Co

Married, Single or Widowed: married — Occupation: Housewife

Name of Wife or Husband: R H. Trail

Father's Name: Jno Hodges — Father's Birthplace: —

Mother's Maiden Name: Eliz. Benson — Mother's Birthplace:

Name of person giving Information: Herbert Trail — How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 5 days

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno W Belt

Address: Guilford Md

Accident or Suicide?

LIBRARY BUREAU A6881B

Name in Full: Thomas. S. Warfield

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centreville; County: Queen Anne's

Date of death 1904: Month: May; Day: 5; Age: Years: 65; Months; Days

Sex: Male; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband: X

Father's Name: X; Father's Birthplace: X

Mother's Maiden Name: X; Mother's Birthplace: X

Name of person giving information: X; How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Imbecility; How long: Life

Immediate: Chronic Intestinal Nephritis; How long: 6 Mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. Reid Wade

Address: Centreville Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: Weber John Joseph

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Catonsville (County) Balto.

Date of death 1904 (Month) 3 (Day) 27 (Years) Age 24 (Months) (Days)

Sex: Male | Color or Race: White | Birthplace: Maryland

Occupation: None | Where Residing if not at place of death:

~~Married~~, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving information: | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Imbecility | How long: Life

Immediate: Pneumonia (Lobar) | How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician: Reginald Weber

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A8881S

Name in Full: Wm. Windenhamer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lansdowne; County: Baltimore

Date of death: 1904 Month: May Day: 24

Age: Years: Sixteen Months: Days:

Sex: Male Color or Race: White Birthplace:

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Charles Windenhamer Father's Birthplace: Md.

Mother's Maiden Name: Carrie Windenhamer Mother's Birthplace: Md.

Name of person giving information: S. How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Myocarditis Tobacco How long:

Immediate: Fatty-tum How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. Sampson

Address: Washington Road

Accident or Suicide? C. Limbach

LIBRARY BUREAU A6891a

Name in Full: Catherine Mills

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dickeyville — County: Baltimore

Date of death: Month: May — Day: 14 — Year: 1904 — Age: Years: 70 — about — Months — Days

Sex: Female — Color or Race: White — Birthplace: Virginia

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Not Known — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Mrs Geo Lewis — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility Chronic Bronchitis — How long

Immediate: Syncope — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes as far as possible I do so

Signature of Physician: Harold Summerer

Address: Dickeyville, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Ridge Cem.
Jos B Cook

Name in Full: Mary E. Wells

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CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hartly — County: Bucks

Date of death: 1904 — Month: May — Day: 8 — Years: Age 6 — Months: 2 — Days: 20

Sex: Female — Color or Race: Black — Birthplace: Hartly

Occupation: ——— — Where Residing if not at place of death: ———

Married, Single or Widowed: Single — Name of Wife or Husband: ———

Father's Name: Rev. H. Wells — Father's Birthplace: Jacksonville Md.

Mother's Maiden Name: Annie ~~Corine~~ Bell — Mother's Birthplace: Hartly

Name of person giving information: Rev. Jno. A. Green — How related to deceased: ———

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchio-Pneumonia — How long: 4 weeks

Immediate: " — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. A. Green

Address: Hartly

Accident — ~~Suicide~~.

LIBRARY BUREAU A69516

Name in Full: Phelan, Agnes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Galensville (County) Balto.

Date of death 190 (Month) May (Day) 12 — Age (Years) 31 (Months) (Days)

Sex Female — Color or Race white — Birthplace Ind.

Married, Single or Widowed single — Occupation None

Name of Wife or Husband X

Father's Name X — Father's Birthplace X

Mother's Maiden Name X — Mother's Birthplace X

Name of person giving Information X — How related to deceased X

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Acute Mania — How long 2 mos.

Immediate Cerebral Hemorrhage — How long 5 Minutes.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J Percy Wade

Address Galensville. Ind

Accident or Suicide? No

LIBRARY BUREAU A88616

Name in Full: Allen V. Williams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Towson — County: Balto.

Date of death 1904 — Month: May — Day: 13 — Age — Years: — Months: 11 — Days: 7

Sex: Male — Color or Race: Col'd — Birthplace: Md

Occupation: Infants — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Charles Williams — Father's Birthplace: Md

Mother's Maiden Name: Amelia Williams — Mother's Birthplace: Md

Name of person giving information: Amelia Williams — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 6 Months

Immediate: Cardiac Asthma — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Royston Penn M.D.

Address: Towson Md.

Accident or Suicide?

LIBRARY BUREAU ASSETS

At J. Lee Burns Sons
United Brethren Cem

Name in Full

Certificate of Death

Helen Wright

Died at Town: Mecroe County: Balto MARYLAND

Date 1904 - Month: May Day: 22 | Age Y. 15 M. 4 D. | Native of Maryland | Occupation School girl

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name unknown

Mother's Name Elizabeth Wright

Cause of Death: Primary Typhoid Fever — How long sick 3 months

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by W. Winsby M.D

Address 1220 E. Fayette St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Mrs Wm Hall

35-39 Fall River

Century Walnut Street

May 24-04

Name in Full: George Ziegler

CERTIFICATE OF DEATH

MARYLAND

Died at: Randallstown — County: Baltimore

Date of death: 1904 — Month: May — Day: 24

Age: Years 65 — Months — Days —

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Pensioned Soldier — Where Residing if not at place of death: Randallstown

Married, Single or Widowed: Divorced — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — — — Father's Birthplace: Germany

Mother's Maiden Name: — — — — Mother's Birthplace: " "

Name of person giving information: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: From the Effects of Overdose of Laudanum — How long: —

Immediate: Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H J Hebb

Address: Randallstown Balto Co

Accident or Suicide? 8

LIBRARY BUREAU Ad5016

Name in Full: Edna Jorbaugh

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Reynolds — County: Baltimore

Date of death 1904 — Month: 5 — Day: 6 — Age — Years: 9 — Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace: Pa

Married, Single or Widowed: Single — Occupation: At home

Name of Wife or Husband: "

Father's Name: Jacob L. Jorbaugh — Father's Birthplace: Pa

Mother's Maiden Name: Don't know — Mother's Birthplace: Pa

Name of person giving information: J. F. Hyland — How related to deceased: guardian

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 3 weeks

Immediate: Acute Pericarditis — How long: one "

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: E. M. Heyde M.D.

Address: Parkton Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88319

Name in Full: Unknown Man

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Balto

Date of death 1904 — Month: May — Day: 29 — Age: Years — Months — Days

Sex: Male — Color or Race: White — Birthplace

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Robinson — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Killed by Railroad — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Jeo

Signature of ~~Physician~~ Coroner John J. Mueller

Address 216 O'Donnell St

Accident or ~~Suicide?~~

LIBRARY BUREAU A6851G

Crowley Bros
St Peters Cemetery